Attachment B

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
FCI MICKAM.	4/16/01	1445

Inmate's Name	Register Number
Coolean Timothy	10272-055

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☐ yes; ☒ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

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5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
[signature]	4/16/01	1445

Medical Staff Title
MLP

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP [illegible] of APRIL 1990
and BP-S354 1994

MEDICAL HEALTH HISTO.. FORM

1. Are you currently taking any medication? If so, what? Was Ziac 5mg - Being Changed HBP — yes no

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? SULFA Drug Reaction — yes no

3. Have you been under the care of a physician during the past two years? If so, why? Yes HBP — yes no

4. Have you been hospitalized in the past two years? If so, why? Yes - Disc Surgery March 99 — yes no

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no

6. Do your ankles ever swell during the day? yes no

7. Have you ever been treated for a tumor or growth? yes no

8. Have you ever had abnormal bleeding? yes no

9. Have you ever had serious difficulty with any dental treatment? Intermittent sensitivity to Porcelain fillings — yes no

10. Have you ever had clicking, popping, or pain in your jaw joint? yes no

Circle any of the following that you have had:

Congenital heart defects
Heart attack or heart problems
Stroke
Rheumatic Fever
Asthma
Anemia (blood problems)
Thyroid problems
Chronic bronchitis
Venereal disease (syphilis, gonorrhea)
Arthritis
Artificial heart valve
Hepatitis

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Heart murmur
Angina
High Blood pressure
Heart pacemaker
Epilepsy or seizures
Diabetes
AIDS or HIV infection
Emphysema
Tuberculosis (TB)
Psychiatric treatment
Artificial joint

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed? Chicken Pox 10th Grade
WOMEN ONLY: Are you pregnant?

Name: Timothy M. Cadigan Reg No. 1027205

Institution: McKean [illegible]

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME, FIRST NAME, MIDDLE NAME	2. REGISTER NUMBER
COOLEEN, TIMOTHY MICHAEL	10272-055

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
INTAKE SCR	4/16/01	FCI MCKEAN

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

HTN, HIGH BLOOD PRESSURE DISEASE

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7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever	X			Adverse reaction to serum drug or medicine SULFA DRUG		X		Epilepsy or fits
	X		Rheumatic fever		X		Broken bones		X		Car, tram, sea or air sickness
	X		Swollen or painful joints	X			Tumor, growth, cyst, cancer		X		Frequent trouble sleeping
	X		Frequent or severe headache		X		Rupture/hernia		X		Depression or excessive worry
	X		Dizziness or fainting spells		X		Piles or rectal disease		X		Loss of memory or amnesia
	X		Eye trouble		X		Frequent or painful urination		X		Nervous trouble of any sort
	X		Ear, nose, or throat trouble		X		Bed wetting since age 12		X		Periods of unconsciousness
	X		Hearing loss		X		Kidney stone or blood in urine		X		Have you ever had homosexual contact?
	X		Chronic or frequent colds		X		Sugar or albumin in urine		X		Been exposed to AIDS
	X		Severe tooth or gum trouble		X		VD—Syphilis, gonorrhea, etc.		X		Alcohol Use (Excessive)
	X		Sinusitis		X		Recent gain or loss of weight		X		Drug Use/Addiction
	X		Hay Fever		X		Arthritis, Rheumatism, or Bursitis	X			Marijuana
	X		Head injury		X		Bone, joint or other deformity	X			Cocaine
	X		Skin diseases		X		Lameness		X		Heroin
	X		Thyroid trouble		X		Loss of finger or toe		X		L.S.D.
	X		Tuberculosis		X		Painful or "Trick" shoulder or elbow		X		Amphetamines
	X		Asthma		X		Recurrent back pain		X		Others: (Specify)
	X		Shortness of breath		X		"Trick" or locked knee				
	X		Pain or pressure in chest		X		Foot trouble		X		Alcohol or drug Withdrawal Problems
	X		Chronic cough		X		Neuritis		X		
	X		Palpitation or pounding heart		X		Paralysis (include infantile)		X		
	X		Heart trouble		X						
	X		High or low blood pressure								
	X		Cramps in your legs								
	X		Frequent indigestion								
	X		Stomach, bowel or intestinal trouble								
	X		Gall bladder trouble or gallstones								
	X		Jaundice or hepatitis								

10. FEMALES ONLY HAVE YOU EVER

	Been treated for a female disorder
	Had a change in menstrual pattern
	ARE YOU PREGNANT
	SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)
☐ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	X		18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	X	B. Inability to perform certain motions.	X		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	X	C. Inability to assume certain positions.			
	X	D. Other medical reasons *(If yes, give reasons.)*		X	20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	X	14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*		X	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
	X	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		X	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*
X		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
X		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			

EXPLANATION: (#13-22 ABOVE)

Disc Surgery - L5-S1 Intradural Disc Dr. Hamill
Out Patient Surgery Buffalo General He
MARCH 1999
Chicken Pox - ≈ 1978 Buffalo NY.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ___ TRANSFER ___ P.V. ___

OTHER Self Surrender

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? No

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ___ NO ✓

WHAT ARRANGEMENTS HAVE BEEN MADE? None

DUTY STATUS: TEMPORARY WORK ___ RESTRICTED ___

GENERAL POPULATION ✓ YES ___ NO ___

TYPE AND EXTENT OF LIMITATION None

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

H/o HTN.
H/o Lumbar Disc Disease.

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MEDICAL RECORD | **REPORT OF MEDICAL EXAMINATION** | DATE OF EXAM: 4/18/01

1. LAST NAME-FIRST NAME-MIDDLE NAME: Cooley, Timothy
2. IDENTIFICATION NUMBER: 10229-055
3. GRADE AND COMPONENT OR POSITION:

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code): 8777 Chautauqua Rd, Fredonia, NY 14063
5. EMERGENCY CONTACT (Name and address of contact): Patricia Cooley, 109 Pine St, Rockville Centre, NY 11570

6. DATE OF BIRTH: 6-20-62
7. AGE: 38
8. SEX: ☐ FEMALE ☑ MALE
9. RELATIONSHIP OF CONTACT:

10. PLACE OF BIRTH: Nassau County
11. RACE: ☒ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY:
12b. ORGANIZATION UNIT: FCI McKean
13. TOTAL YEARS GOVERNMENT SERVICE: a. MILITARY: b. CIVILIAN:

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS: FCI McKean, P.O. Box 5000, Bradford, PA 16701
15. RATING OR SPECIALTY OF EXAMINER:
16. PURPOSE OF EXAMINATION: H&P

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17. CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL	NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
✓	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
✓	B. EARS-GENERAL (Internal canals) (Auditory acuity under items 39 and 40)		✓	P. TESTICULAR	
✓	C. DRUMS (Perforation)		✓	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult results)	
✓	D. NOSE		✓	R. ENDOCRINE SYSTEM	
✓	E. SINUSES		✓	S. G-U SYSTEM	
✓	F. MOUTH AND THROAT		✓	T. UPPER EXTREMITIES (Strength, range of motion)	
✓	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		✓	U. FEET	
✓	H. OPHTHALMOSCOPIC		✓	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	✓
✓	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	✓
✓	K. LUNGS AND CHEST		✓	Y. SKIN, LYMPHATICS	
✓	L. HEART (Thrust, size, rhythm, sounds)		✓	Z. NEUROLOGIC (Equilibrium tests under item 41)	
✓	M. VASCULAR SYSTEM (Varicosities, etc.)		✓	AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

— hx of depression, TR v. DonZUDA, no suicidal thoughts, N/V/D
hx of HTN

W: disc herniation March '99 w scar lower back. Full ROM.
X: "Mayan birthdate" (L) forearm, Japanese calligraphy + dragon (back; Egyptian cross (L) ankle)

[illegible signature]

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Examples: Restorable Teeth; Non-restorable teeth; Missing Teeth; Replaced by Dentures; Fixed Partial Dentures

R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

L E F T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY
(2) URINE ALBUMIN
(3) URINE SUGAR
(4) MICROSCOPIC
B. CHEST X-RAY OR PPD (Place, date, film number and result)
C. SYPHILIS SEROLOGY (Specify test used and results)
D. EKG
E. BLOOD TYPE AND RH FACTOR

0006

ACHED

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
72	200	Brown	Hazel	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	98

26. BLOOD PRESSURE (Arm at heart level)

A. SITTING	B. RECUMBENT	C. STANDING (5 mins.)
SYS. 152 DIAS.	SYS. DIAS.	SYS. DIAS.

27. PULSE (Arm at heart level)

A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
70				

28. DISTANT VISION	29. REFRACTION	30. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

31. HETEROPHORIA (Specify distance)

ESO. EXO. R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

32. ACCOMMODATION	33. COLOR VISION (Test used and result)	34. DEPTH PERCEPTION (Test used and score)	UNCORRECTED / CORRECTED
RIGHT LEFT	Swellens WNL		

35. FIELD OF VISION	36. NIGHT VISION (Test used and score)	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT LEFT			RIGHT LEFT

39. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

40. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT								
LEFT								

41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

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(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

38 y/o non smoker

h/o HTN

Place on the following — see other side

Lopressor 50mg/day
HCTZ 25mg/day

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Place in Chronic clinic due to h/o HTN per CD

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR Reg. Duty

B. ☐ IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN: Jose L. [illegible] — SIGNATURE

49. TYPED OR PRINTED NAME OF PHYSICIAN: D. Olson, MD Clinical Director — SIGNATURE

50. TYPED OR PRINTED NAME OF DENTIST (or physician; indicate which) — SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

0007

NSN 7540-00-634-4176

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
4/16/01	Intake Screen.
1445	H/o HTN, Assign to Clinic. PPD given.
	Med. Bisopro/HCTZ 5/6.25
	No immediate Med Need.
	Denies Suicidal Ideation -
	No evidence of Lice.
	[signature] W. Flatt, MLP
4/17/01	Admin Note
0900	H HTN - put on Camp clinic
	[signature] D. Olson, MD Clinical Director
4/18/01	admin note: after speaking w CD the following
0945	meds will be Rx till next clinic.
	(1.) Lopressor 50mg 1/2 tablet/day #5 Rx2
	(2.) HCTZ 50mg 1/2 tablet/day #5 Rx2
	follow up in clinic or s/c if needed
	[illegible]
	Patient Education: Diet; Special Instruction; [illegible] 4/18/01 [signature] J. Gomez, MLP
	D. Olson, MD Clinical Director

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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FP [illegible]
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 REV 6-97

0008

HEALTH RECORD — CHRONOLOGICAL RECORD OF MED[illegible] RE

DATE	S[illegible]MS, DIAGNOSIS, TREATMENT, TREATING ORGA[illegible]ION (Sign each entry)
3/15/02	HYPERTENSION CLINIC
	Subjective Findings: 39 yrs.
0940	a. Medical complaints or concerns of patient: no complaints · no H/A
	no Short Breath no chest pain
	b. Health Promotion/Disease Prevention Assessment:
	1. Cessation of smoking: no
	2. Diet: Watch Salt.
	3. Activity: exercise.
	4. Medications:
	(1) Drug side effects: medi · no SE's
	(2) Drug interactions:
	5. Patient Compliance with Therapeutic Regimen: good
	c. Impact of Condition on Activities of Daily Living: no
	d. Need for special accommodations: no
	Objective Findings:
	a. Temp: Pulse: 60 Resp: BP: 120/60 Weight: 185 lbs
	b. Fundoscopic Examination:
	Thick, Dull Vessels — Localized or Generalized
	(Copper Wire) — Narrowing of Arterioles.
	Present Absent (circled) — Present Absent (circled)
	A-V Nicking — Flame Shaped Hemorrhages
	Present Absent (circled) — Present Absent (circled)
	Cotton-wool patches — Optic Disk Swelling
	Present Absent (circled) — Present Absent (circled)

[P]ATIENT'S IDENTIFICATION (Use this space [for] [m]echanical Imprint)

[R]ECORDS [MA]INTAINED AT: FCI MCKEAN HEALTH SERVICES

Reviewed [illegible] Dr. [illegible] MD
Date 3/15/02

PATIENT'S NAME (Last, First, Middle Initial)		SEX
[illegible], [illegible]		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. 10272-055	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution	2. Name of Injured	3. Register Number
FCI McKean	Cooley Timothy	10272-052
4. Injured's Duty Assignment	**5. Housing Assignment**	**6. Date and Time of Injury**
GM3	F	3/21/02 1330
7. Where Did Injury Happen (Be specific as to location)	**Work Related?** ☑ Yes ☐ No	**8. Date and Time Reported for Treatment**
Human Res. Office		3/26/02 0730

9. Subjective: (Injured's Statement as to How Injury Occurred/Symptoms as Reported by Patient)

"I was moving some furniture in Human Resources & pulled my back"

X Timothy M Cooley
Signature of Patient

10. Objective: (Observations or Findings from Examination)

X-Rays Taken ____ Not Indicated X

X-Ray Results

Hx. surgery lower back
Pain
Mild discomfort c flexion at waist 5 on 1-10 scale
straight leg raise to 45° c pain

11. Assessment: (Analysis of Facts Based on Subjective and Objective Data)

LBP, strain

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12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up)

1) Motrin 800mg TID x 10 days
2) Ice/Heat rotation to area
3) Index 2 days 4) FU 4/1/02 PRN - given

13. This Injury Required:

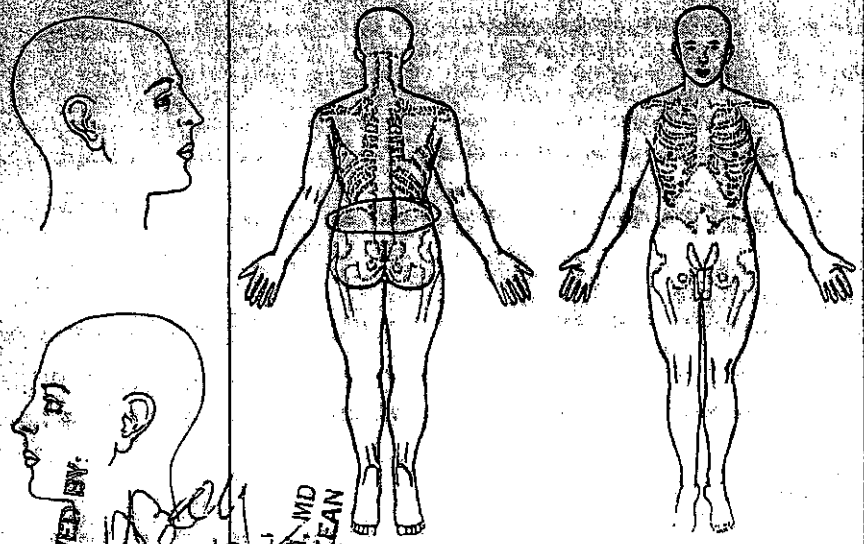
- ☐ a. No Medical Attention
- ☑ b. Minor First Aid
- ☐ c. Hospitalization
- ☐ d. Other (explain)

_____

_____

- ☐ e. Medically Unassigned
- ☐ f. Civilian First Aid Only
- ☐ g. Civilian Referred to Community Physician

J. Klem PA-C
Treatment of Physician or Physician Assistant



RECEIVED BY: [illegible] BEAM, MD FCI McKEAN

Self Carboned Form - If [illegible] PRESS HARD

Original - Medical File
Canary - Safety
Pink - Work Supervisor (Work related only)
Goldenrod - Correctional Supervisor

0010

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/21/02 0715	Complains Nose - Advil x 1 day sick call appt. LSP 3/26/02 J. Glenn FNP-C
3/26/02 0720	See surgery appt this date. LSP 1) Motrin 800 mg tid po x 10 x 5 days NK 2) F/u appt given J. GLENN, FNP FCI McKEAN J. Glenn FNP
3/29/02 0655	Called Inm Ctrl to do LSP. Date extended through 3/29/02 F/u appt 4/1/02 Pt withdraws Gracia Fairbanks

GRACIA FAIRBANKS
Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Cooleen, Timothy

REGISTER NO. 10272-051 WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 5 97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F DATE: 3/25/02
INMATE'S NAME: Cooleen DETAIL: GM3 REG. NO. 10272-05

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

(X) IDLE: Reason _____ THRU 12 MIDNIGHT 3/25 19 02
( ) CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19 ___
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 ___
( ) TOTALLY DISABLED:
( ) FULL DUTY:

[illegible] CNP-C
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from wo and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

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FEDER[illegible]ORRECTIONAL INSTITUTI[illegible]OSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F DATE: 3/26/02
INMATE'S NAME: Coaleen, Timothy DETAIL: REG. NO: 10272-01
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

(✓) IDLE: Reason Medical THRU 12 MIDNIGHT 3/27 19 02
( ) CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT ____ 19__
( ) RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT ____ 19__
(✓) TOTALLY DISABLED:
( ) FULL DUTY:

J. GLENN, FNP
FCI McKEAN
J. Glenn FNP-C
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from w and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefi
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

SENSITIVE
Limited Official Use

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F-unit DATE: 3/20/02
INMATE'S NAME: Colleen, Timothy DETAIL: GM-III REG. NO. 10272-(

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

(X) IDLE: Reason Medical THRU 12 MIDNIGHT 3/29/02
( ) CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19__
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__
( ) TOTALLY DISABLED:
( ) FULL DUTY:

Marcia Hamborsky PA
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

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FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F-unit DATE: 4/1/02
INMATE'S NAME: Cullen, Tim DETAIL: GM III REG. NO. 10272-05[illegible]

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

(✓) IDLE: Reason Medical THRU 12 MIDNIGHT 4/3/02
( ) CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT ____ 19__
( ) RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT ____ 19__
( ) TOTALLY DISABLED:
( ) FULL DUTY:

Tracia Fairbanks PA
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
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RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

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U. S. [illegible]ICAL CENTER FOR FEDERAL PR [illegible]NERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

FINAL REPORT

Register Number: 10272-055
Name : COOLEEN, TIMOTHY
Location : FCI MCKEAN
Physician : DR. OLSON
Collection Date: 04/02/2002
Collection Time: 08:15
Tests Ordered: LIPID TESTING; Urea Nitrogen; Creatinine; Sodium; Potassium; Chloride

Age : 39
Sex : M
Accession Number: 9336
"X" If Complete : [X]

Test Name	Result	Flag	Reference Range			Tech
Collection Cmt:	Fasting					
LIPID TESTING						
Glucose	90		mg/dL	70	- 110	SY CK
Urea Nitrogen	22		mg/dL	7	- 22	SY CK
Creatinine	1.1		mg/dL	0.6	- 1.6	SY CK
Sodium	147		mmol/L	137	- 145	SY CK
Potassium	3.8		mmol/L	3.5	- 5.0	SY CK
Chloride	103		mmol/L	99	- 111	SY CK
Cholesterol	176		mg/dL	140	- 200	SY CK
Triglycerides	94		mg/dL	30	- 200	SY CK
HDL-Cholesterol	41		mg/dL	29	- 67	SY CK
	Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History.					
VLDL	19		mg/dL		-	TX CK
LDL Cholesterol	116		mg/dL	62	- 130	TX CK
Chol/HDL Ratio	4.3			3.4	- 5.0	TX CK

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.
02 APR -4 AM 6:57

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4/3/02

S. Czekaj Med Tech.

Name : COOLEEN, TIMOTHY
Register#: 10272-055
Printed : 04/03/2002 @ 15:39

Doctor : DR. OLSON
Location: FCI MCKEAN
.....
Sensitive L. O. U.

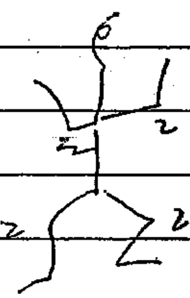
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
4/1/02 0810	S: Cont to c/o LBP p injuring it while moving furniture in Human Resources office on 3/21/02
	O. (L) iliac crest ↑ than (R). Walking slowly. (+) pain (L) lumbosacral area on palp. States pain goes ↓ lateral aspect (L) leg. ROM - ↓ flexion + extension. No edema, erythema or ecchymosis noted
	A. Lumbosacral strain. ↑ H/O HNP LS spine
	P. ~~Naprosyn 550 mg #20~~ BID 4/1/02 error ↑ c food x OR
4/2/02 D/C 1210 Ibuprofen 800mg ? noted #15 H Beam H. BEAM, MD FCI MCKEAN	Pt educ: Take meds as directed. Warm compresses to back. Idle through 4/3/02. RTC prn. Pt understands.
	Gracia Fairbanks PA
	4/2/02 Correction naprosyn 500 BID #20 is correct H Beam
	GRACIA FAIRBANKS Physician Assistant
	REVIEWED BY H Beam 4/2/02 H. BEAM, MD FCI MCKEAN
	H. BEAM, MD FCI MCKEAN

0017

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	Sick call
4/19/02	S) 39 y o ♂ ① woke wednesday with (L) neck & ear
0740	pain also ② prior discectomy low central
	back pain since 3/22 – had a couple of tylenol
	also has (L) low back & leg pain – was moving
	furniture at C/O offices. ③ he's worried that
	pill he taking may have lodged in
	throat
	NKDA
	O) [illegible] BP 114/74 P70
	HEENT Th's OK Throat red
	[illegible]
	Tender mid back
	SRL ⊕(L) ⊖(R) GR 5/5
	Declines NSAIDS
	A) Pharyngitis
	(L) lumbar radiculopathy
	P) Penicillin VK 250 mg i po QID #40
	Patient ed: walk Am PM, Return
	CB PRN
	H Beam



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	H. BEAM, MD FCI McKEAN

SENSITIVE
Limited Official Use

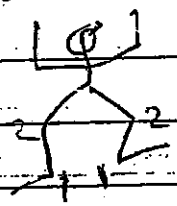
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

Timothy Coolen
10272 055

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/3/02 0845	S) 39 yo ♂ c/o Pain in back & down L leg for 6 wks - walks etc. pain is lateral L ankle - comes & goes Initially used NSAIDS - but not now - Prior surgery '99 for herniated disc c intradural herniation, Wt 184# BP 116/62
	O) Tender L low back SLR + L @ 20° OR 
	A) Probable mild disc @ side low back pain
	P) Patient Ed - walks - motrin 800 mg t.i.d. - # 30 RF 2 Recheck 6 wks H. BEAM, MD

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE FCI MCKEAN | RECORDS MAINTAINED AT SENSITIVE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

Limited Official Use

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) Tim Coolen

REGISTER NO. 10272-051 | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 5 97)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/30/02 0815	S I-M req ̄c see Ortho specialist
	O see prev exam by med officer w/ s
	̄impts moving well up & down out of
	chair twisting, NL gait
	A CBP Hx back surgery HNP
	P Spoke ̄c medical officer ̄c see if ortho
	consult is needed pt ed as to plan
	Understands RTC p̄ AW
	C. Todd Montgomery AHSA/SMLP

0020

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	CAMP CLINIC Low Back Pain. HTN
6/12/02	S/ 39 y o ♂ → now (L) buttock, Thigh since 3/21/02
	moving farm tanks at work. good days &
0955	bad day. Shin hurts comes & goes
	even during a day is time. Sugar 199
	Taking Ibuprofen & it doesn't help much
	Sleeping c pillow between knees
	O/ BP 130/80 P70 — walking fine AP
	[illegible] heart [illegible] — [illegible]
	Tender (L) low back — no meds [illegible]
	SLR ⊕ Bilat EHL 5/5.
	old finding can't rise onto (R) toe —
	previous Disc
	Can rise onto (L) toe
	A/ HTN - controlled — Refills
	(L) leg radiculopathy — · Hydrochlorothiazide 25 mg QD RF
	P/ PTED: natural Hx of — · Atenolol 50 mg 1/2 po QD RF
	Disc Dz
	Consider ortho consult
	Clinic back 3 mo — [signature]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
	SENSITIVE		H. BEAM, FCI MCKEAN

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
	Limited Official Use	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. 10272-055

WARD NO.

Timothy Coleen

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

0021

513-110 NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

FROM: (Requesting physician or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

Subjective HTN - controlled with medication

age 39

SENSITIVE
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PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☑ YES ☐ NO

Objective VA OD 20/20 OS 20/20 → uncorrected
OD .37M OS .37M

External normal

internal media clear, fundus normal C/D = .1/1

refraction

Dx hypertension w/o retinopathy

Treatment No change in treatment process (none

(Continue on reverse side)

SIGNATURE AND TITLE Christine J. Howarth

DATE 6/12/02

IDENTIFICATION NO.

ORGANIZATION FPC McKean

REGISTER NO. 10272-05J

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Coolean

6/12/02

HOWARTH, MD
MCKEAN

CONSULTATION SHEET

0022

513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Dr Soares	Beam FCI McKean	7/3/02

REASON FOR REQUEST (Complaints and findings)

39 y/o ♂ 3mo (L) leg radiculopathy and prior surgery for free fragment of Disc

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PROVISIONAL DIAGNOSIS

(L) leg radiculopathy

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
[signature]		☐ BEDSIDE ☒ ON CALL	☐ ROUTINE ☐ TODAY ☒ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☒ NO PATIENT EXAMINED ☐ YES ☐ NO

7/10/2002 39 y/o male with left leg [illegible] worse with activity and in the morning. He had [illegible] 1999 following chiropractic adjustment [illegible] L5-S1 [illegible] laminectomy in 1999 [illegible] March 21 2002

PE Tender L5 [illegible] trigger points [illegible] SLR left @ 30°, right [illegible] @ 45° [illegible] DTRs [illegible] L5-S1 [illegible] L5-S1 [illegible]

Plan: Inject trigger points [illegible] MRI is recommended and reevaluate [illegible]

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
[signature]		7/10/2002
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO. 10272-055	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

TIMOTHY COOLEEN

REVIEWED BY [signature] 7/11/02 H. BEAM, MD FCI MCKEAN

CONSULTATION SHEET
STANDARD FORM [illegible]
Prescribed by [illegible] (41 CFR) 201-9.202-1

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F DATE: 7/10/02
INMATE'S NAME: Timothy Cooleen DETAIL: Dentry REG. NO. 10272-05

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

( ) IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19__

(X) CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT 7/31/02

( ) RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__

( ) TOTALLY DISABLED:
( ) FULL DUTY:

/M Bean
Physician or Physician Assistant
H. BEAN, MD
FCI MCKEAN

DEFINITIONS AND INSTRUCTIONS

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/17/02 1445	S: c/o severe back pain x last 2 weeks → ≈ #5 when lying ↓, # 10 when tries to sit. Was given 2 injections last Wed. by Dr. Suarez c̄ only ii hrs. relief. Can walk to bathroom c̄ difficulty. Unable to sit in mess hall for meals
	O: Went to unit. Pt lying in bed (+) pain on palp (L) lumbosacral area. (+) ecchymosis noted → gradually from injection. Sl. edema noted
	a Low back pain c̄ ? disc dis
	P: Dr. Olson notified. Nubain 10mg given IM (R) deltoid @ 1515. Will gradually start on Flexeril per Dr. Olson
	Gracia Fairbanks PA
	Reviewed by D. Olson, MD Date: 7/18/02
	GRACIA FAIRBANKS Physician Assistant
7-17-02 1630	Admin note: Dr. Olson returned call: TVO: Tylenol #3 ii po BID pm at P/L x 5 days. Flexeril 10 mg po BID at P/L x 3 days
	C Lundberg RN
	Reviewed by D. Olson, MD Date: 7/18/02
	Cheryl Lundberg, RN
7/19/02 0800	Admin Note
	(See ortho consult) refer to UR Committee for MRI, IM able to walk
	D. OLSON, MD

0025

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
7/19/02 0815	S Is here for PT + re of back. States when ↑ walking pain is ≈ ±10. Can get comfortable + be pain free when lying down. Still states pain will shoot ↓ (L) leg to outer aspect of foot + ankle. Also c/o pain in (L) buttocks + (L) hip.
	O Walking slowly + cautiously. DTR intact. Able to lift (R) leg ↑ + raise ↑ on toes of (L) foot. ROM ↓ flexion + extension. Unable to lay on table for exam. (+) tenderness on palp (L) LS area.
	A Low back pain ? disc disease
	P Naprosyn 550mg #20 1 bid pc food x10
	Patient Take meds as directed. Ice to area alternating c heat. Pt will call PT under stands.
	Gracia Fairbanks PA
	GRACIA FAIRBANKS Physician Assistant
	REVIEWED H. McKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. WARD NO.

SENSITIVE

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Carlson, Timothy
10272-055

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

0026

Camp

NSN 7540-00-634-412

513-110

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Radiology

FROM: (Requesting physician or activity) FCI MCK

DATE OF REQUEST 7/19/02

REASON FOR REQUEST (Complaints and findings) S/P HNP (L/S spine) c̄ surgery
↑LBP → Ⓛ leg now

SENSITIVE
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PROVISIONAL DIAGNOSIS ① HNP (L/S spine)

DOCTOR'S SIGNATURE [signature] OLSON, MD

APPROVED

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☐ YES ☐ NO

7/24/2002 S: The patient continue to have severe left leg pain, more severe with the last injection

O: Tender open PSIJ, & SI joint, Severe limitation and SLR

No change in neurological deficit.

A: Recurrent symptoms of HNP. Local trigger point - left sided

P: He needs repeat MRI of lumbar spine. Reevaluation c̄ neuro ASAP. He may need referral to pain management for mild symptoms or neurosurgeon for block Injection fine today X-ray fluoroscopy SI joint & PSIS.

(Continue on reverse side)

SIGNATURE AND TITLE [signature]

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO. 10272-055

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Camp Cooley, Timothy

REVIEWED BY: [initials] 7/ ...

BEAM, MD
FCI MCKEAN

SENSITIVE
Limited Official Use

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Olsen	DATE: 7/24/02
FROM: Timothy Cooleen	REGISTER NO.: 10272055
WORK ASSIGNMENT: Forestry	UNIT: F

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I am requesting an MRI. I was injured on my prison job and since 3/21/02 have progressivly gotten worse. I walk in Pain, can't sit ... or even clear my throat without pain from my waist, through my hip ... thigh and calf. Although I've recieved Anesthetic shots (7-10-02 which gave some relief for about an hour ... and todays shots 7-24-02) The pain, while lessened to a degree, is constently with me. I spend 22+ hours a day in bed ... only leaving for Personal Hygene ... showers, toilet ... and to arrange food ... as for the past few weeks it's grown to painful to sit. My prior history of an intradural Herniation, and associated nerve damage (Right side ...) from an incident in 1999 has me (LS concerned that one wrong move or slip will result in permanent damage ... Not to mention the pain I'm enduring. The Orthopedist told me he has recommended an MRI and will again. I wouldn't be asking so emphatically if I wasn't in so much pain ... and fear what could result is permanent damage as it did previously. And this is my Good leg! Please ... if you could authorize an MRI A proper diagnosis, and treatment could be rendered. Thankyou,

(A lower Lumbar Series is all that's necessary) (Do not write below this line)

Timothy M Cooleen

DISPOSITION:

Our Utilization Review Committee has approved you for a MRI.

FCI McKean

Signature Staff Member

Date 8/7/02

Routed Copy - File; Copy - Inmate

Utilization Review

Date of Review by Committee: 8/2/02

Inmate Name: Coolen

Inmate Reg. No.: 10272-035

Medical Condition: herniated disc with radiculopathy

Recommended Treatment: MRI

Recommended Facility: _____

APPROVED DENIED

By:

J. OLSON, M.D
CLINICAL DIRECTOR

Roberta Fitch

H. BEAM, MD
FCI McKEAN

T. Montgomery, MLP

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/15/02 1538	Adm note: severe back pain - On Ativan going to Order urgent MRI - will add Neurontin 300mg tid prn #20 on pill line - & Check in tomorrow H. BEAM, MD FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

SENSITIVE Limited Official Use

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. 10272-055 | WARD NO.

TIMOTHY COOLEEN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)
	Sick Call
8/16/02	S) 39 y/o c (L) buttock, back & (L) leg pain
	I received word that he was bed
0730	bound for 2wks - only ups about
	for occasional meals & some meals
	being delivered. I sent up a Neurontin 300mg
	last night @ pill line he said This
	took edge off pain but did not
	completely relieve it.
	O) he is standing, declines to sit
	or lie down; walks painfully
	but can do both EHL's
	c/o pain (L) low back (L) calf & knee
	& across toes on (L) foot side
	Ortho notes 7/10/02 & 7/24/02
	A) (L) lumbar radiculopathy s/p surgery '99
	P) PT Ed. - Walk Am Ap.
	Urgent MRI
	Meds: Neurontin 300mg ii po tid #60
	(not pill line)
	Depending on MRI transfer Med CTR
	[signature]
	H. BEAM, MD FCI McKEAN

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

0031

BP-A621.060
AUG 96

CONSENT TO RELEASE MEDICAL INFORMATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Name of Inmate	Register Number	Date of Birth	Social Security Number
TIMOTHY COOLEEN	10272-055	6/20/62	125-42-6679

I, TIMOTHY COOLEEN

hereby authorize BRADFORD MEDICAL CENTER, DEPT. OF DIAGNOSTIC IMAGING, 116 INTERSTATE PARKWAY BRADFORD, PA 16701

to disclose and / or deliver to : FPC SCHUYLKILL
P.O. BOX 700
MINERSVILLE, PA 17954 Attn: Medical records

A copy of and/or information from my medical file pertaining to my evaluation and treatment received

From 8-21-02 To 8-21-02

This is to include:

- [ ] History and Physical
- [x] Laboratory Reports
- [ ] Progress Notes
- [ ] Operative Reports
- [ ] Narrative Summary
- [ ] X - Ray Report
- [ ] Consultation
- [ ] Actual Slides
- [ ] Actual Films
- [ ] Entire Medical Records
- [x] Other MRI ON 8-21-2002

I understand the information is to be used for (specific nature, reason for release of information): SENSITIVE Limited Official Use
ONGOING MEDICAL TREATMENT

I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I Understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

This authorization will automatically expire six months from the date of signature.

Signature of Patient	Date	Staff Witness
Timothy M Cooleen	10/23	S. Hipp, HIT

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.
Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

- [ ] 1. Substance Abuse
- [ ] 2. Mental Health
- [ ] HIV RelatedInformation

Date

MC 90-346 Rel'd 08/21/02 1 00 From RADT To RAD 4215269-3

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4215269	11	08-21-02	06-20-62	40	M	125-42-6679		O	000217496

COOLEEN,TIMOTHY M
PO BOX 5000 BRADFORD
Ref Phys:
Att Phys: PHYSICIAN,OTHER
Adm Phys:
Procedure: 4212 MRI - Lumbar Spine

Phone#: (814) 362-8900
PA 16701

Date: 08/21/02
Time: 16:09

Adm Dx: LEFT SCIATIC PAIN

Tech: TG

Approval #:
Explained to Pt: Y
Preg: NA Shielded: NA

Req Phys: DENNIS OLSON, MD
Reason: HNP W/RADICULOPATHY
Priority: Routine
Date to do: 08-21-02
Preg Status: Patient is Male
LMP Status:
Alrgy/Food: 4215269-1
Alrg/Med: 4215269-1
Loc/Level: Lumbar Spine
Comments: GK

Handicap:
Resucitate: High Risk Falls:

2nd Chk LMP: NA
Consent: NA
Prepped: NA
Alrgy: NA
Contrast: OMNISCAN
Dose: 20CC
Date: 08/21/02 Time: 16:09
Site: RT Tech: DA
Attempts: 1

Radiologist: Ross A. Horsley, MD
4212 MRI - Lumbar Spine

SENSITIVE
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Date Typed: 8/21/2002 Date Dictated: 8/21/2002

MRI LUMBAR SPINE:

Routine scans show a large herniation of the L4-5 disc on the left side. There are post operative changes after laminectomy at the L5-S1 level on the right side. No other abnormalities are demonstrated.

IMPRESSION:

Large acute herniation L4-5 disc left side. Post operative changes after laminectomy L5-S1 level on the right side.

*sj

Reviewed by D. Olson, MD
Date: 8/28/02

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6/21/02 0700	Admit Note Inmate on Transfer for MRI (C/S) D. Olson, MD Clinical Director
6/22/02 0900	Admit Note Inmate returned from Transfer yesterday, not brought to HSU by CO D. Olson, MD Clinical Director

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT FCI McKean

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

SENSITIVE Limited Official Use

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* Cordero, Timothy

REGISTER NO. 10272-085 | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 5 97)
Prescribed by GSA/ICMR

0034

MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO: Orthopedic Surgeon

FROM: (Requesting physician or activity) Dennis Olson, MD, CHP

DATE OF REQUEST: 8/29/02

REASON FOR REQUEST (Complaints and findings)

[illegible] appt
MRI ⊕ large acute HNP L4-5 on (L)

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PROVISIONAL DIAGNOSIS

(1) HNP L4-5

DOCTOR'S SIGNATURE: Dennis Olson MD
D. OLSON, MD

APPROVED:

PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☐ YES ☐ NO

S [illegible]

O [illegible]
MRI acute L4-5 HNP - large

A Acute L4-5 disc HNP, [illegible]

Recommend [illegible] L4-5 [illegible]
[illegible]
Codeine [illegible] Tylenol #3 [illegible]
ASA [illegible]

(Continue on reverse side)

SIGNATURE AND TITLE: [illegible]

DATE: 9/4/02

IDENTIFICATION NO.

ORGANIZATION: FCI MCKEAN HEALTH SERVICES

REGISTER NO.: 10272-055

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Camp

Cooley, Timothy

CONSULTATION SHEET
Medical Record

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	40 8/28/02 @ 1130h [illegible]
8/28/02 1115hr	S/ 39 y o ♂ → Injured back 3/21/02 moving furniture at work. he's had pain in (L) leg & (L) buttock since then. not much improvement since time of injury. Saw Ortho - Dr Soares 7/10, 7/24. c̄ steroid injection 2nd time. Using NSAIDS without consistent help. Had xylocaine inj c̄ 10' relief steroid inj 1hr help - "10%" reduction pain. Tried neurontin but it again took 10% off pain but left him feeling groggy. no meds since Friday. S; holding own
	PTO 120/70
	O) Tender (L) buttock, down leg 175#
	hesitates to get on table hurts too much
	EHL's 5/5
	very limited forward flexion
	MRI - Acute herniation L4-L5 to left
	He's not interested in nubain injection or oral steroids
	A) Acute Herniation (L) L4-5 c̄ continued Sx
	P) PT Ed: walk, rest.
	ASA-EC ii po Q6hrs # 30 RF5
	Tylenol #3 ii po Bid by pill line #4 RF7
	Recheck at Ortho Appt
	[signature] R. BEAM, MD FCI McKEAN

R. BEAM, MD FCI McKEAN

TIMOTHY CODLEEN

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: CAMP DATE: 8/29/02
INMATE'S NAME: TIMOTHY COOLEEN DETAIL: FORESTRY B REG. NO. 10272-05

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

( ) IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19___
( ) CONVALESCENCE: List any restricted activity for medical reasons. _____
_____ THRU 12 MIDNIGHT _____ 19___
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____
_____ THRU 12 MIDNIGHT _____ 19___
(X) TOTALLY DISABLED:
medically unassigned
( ) FULL DUTY:

H. BEAM, MD
FCI MCKEAN

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

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NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/4/02 1325hr	Adm note
	See Dr Sarin note
	Form to util Review for Transfer
	Refill
	Tylenol #3 ii po Bid Pill line #4 95/4
	[signature] H. BEAM, MD FCI MCKEAN
9/11/02 0915	S) 40 yo Brief check back
	Back pain - hard to sit
	Can't walk, pacing
	O) seems in pain, pacing & can't sit for exam
	A) HNP @ L4-5
	P) Pred walk Ams
	Check back 1 wk
	for med refill
	Declined lotion [illegible] [signature] H. BEAM, MD FCI McKean

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SENSITIVE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

Limited Official Use

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. 10272-055

WARD NO.

TIMOTHY COOLEEN

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

Cam

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BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Olsen	DATE: 9/15/02
FROM: Timothy Cooleen	REGISTER NO.: 10272055
WORK ASSIGNMENT: MEDICALLY Unassigned	UNIT: F

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I submitted a Cop-out on 8-26-02 for a copy of the MRI report ... as well as the relavent images.
I've yet to recieve either and would request again for them.
It's been about 3weeks and I assume my prior request may have been misplaced.
If you could see that they are fowarded to me I'd appreciate it greatly.

Thanks

Timothy M Cooleen

(Do not write below this line)

DISPOSITION:

I will ask medical records to arrange your getting an MRI report; copies need to be thru The Inmate Trust Fund is between you and Bradford Hosp.

FCI McKean 9/17/02

Signature Staff Member

Date

M.D. MEAN

0039

FCI McKean

Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

SENSITIVE
Limited Official Use

INSTRUCTIONS:
You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Timothy Cooleen
(Nombre)
2. Reg. Number: #10272055
(Numero de Registro)
3. Date: 9/19/02
(Fecha)
4. Housing unit and Unit Team: F Unit TEAM: A B C D
(Unidad y equipo de la unidad)
5. Complaint. What is your problem ?
(Queja). (Cual es su problema?)
Pain medication cancelled abruptly - Dr Beam told me he wrote another prescription for Tylenol/codeine and it would be good another 2 weeks.
6. How long have you had this problem? Injured 3-21-02... MRI 8-21-02 Confirms
(Durante cuante tiempo ha tenido este problema?) Herniated Disc. Im in pain & the Meds were
Days_____ Months_____ Years_____ helping alleviate some of the severity - I was
Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes_____ No Not for Pain On for 3 weeks
(Esta usted tomando alguna(s) medicinas actualmente?) then abruptly cancelled
8. Have you purchased Over-the-Counter Medications from Commissary? And would like to have
(Ha comprado medicinas non-prescipcion en la Comisaria? pre scription renewed.
Yes_____ No_____
9. Signature Timothy M Cooleen
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen:_____
11. Time Seen:_____
12. Subjective:_____
13. Objective: Temp._____ Pulse_____ Respirations_____ B/P_____
13. Appointment Date: 9/23/02 Appointment Time 9:15 am
14. Triage Personnel's Signature: T. Montgomery, MLP AHSA

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-23-12 0915	S: C/O abrupt halt of medication. Requested renewal, but now feels it was causing stomach pain and wants it d/c'd. Pain in back is "the same." Denies improvement. O: NAD. Appears well. Ambulating and moving freely c no evidence of pain or discomfort. A: HNP @ L4-5 P: Consult c Dr. Beam. Pt. talked c Dr. by phone. Decision made by EM dr. not to renew medication. Pt. education re: medications. RTC prn. Pt. understands. J Saylor NP Jamie Saylor, NP

0041

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NSN 7540-00-634-4176

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	CAMP CLINIC: HTN. Ⓛ lumbar radiculopathy
9/25/02 1140	S) 40 yo O→ mainly troubled by pain Ⓛ leg from HNP - no Sx HTN - no HA no dizziness no shortness of breath - His back pain is stable - has been off colchicine x (wks? doing better since the colchicine was [illegible]
	BP 114/64 P 70 non smoker walks Am [illegible]
	O) looks OK HEENT neg chest clear heart RRR Tender Ⓛ low back SRL/+ EHT Ⓡ ō Ⓛ 5/5
	A) HTN - Ⓛ L4-5 HNP
	P) PT Ed! up and around. walk Am [illegible] meds HCTZ 25 mg † po QD #30 RF 2 Atenolol 25 mg † po QD #30 RF 2 EC ASA Igr ii po QD [illegible] #30 RF 5
	[signature]

RECORDS MAINTAINED AT FCI McKean

H. BEAM, M.D. FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE

SENSITIVE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

Limited Official Use

REGISTER NO. 10272-055 | WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Timothy Coolean

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 5-97)

FCI McKean
Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

SENSITIVE
Limited Official Use

CAMP

INSTRUCTIONS
You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Timothy Cooleen
(Nombre)
2. Reg. Number: 10272 055
(Numero de Registro)
3. Date: 10/3/02
(Fecha)
4. Housing unit and Unit Team: F TEAM: A B C D
(unidad y equipo de la unidad)
5. Complaint, What is your problem?
(Queja). (Cual es su problema?)
Need appt w/ Dr. Bean next available date to discuss Treatment for Herniated Disc / Mr. Means's Treatment Options.... Ms. R. Klarke has informed me that Reg. Denied a Medical Transfer.
6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days ____ Months 6½ Years ____
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes ✓ No ____ B.P. maintenance
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescipcion en la Comisaria?)
Yes ____ No ____
9. Signature Timothy M Cooleen
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date seen: ____
11. Time seen: ____
12. Subjective: You will be on callout 10/16/02
13. Objective: Temp: ____ Pulse ____ Respirations ____ B/P ____
14. Appointment Date: ____ Appointment Time ____
15. Triage Personnel's Signature: [signature] 10/7/02

H. BEAM, MD
MCKEAN

0043

SMP CLINIC (L) lumbar radiculopathy

10/16/02 1445hrs S/ 40 yo c/o ? c pain down (L) leg from known radiculopathy. getting new Sx (L) leg "numbness, like bugs running up & down (L) leg pain all ankle, shin. (L) hip - Walking an hour a day & legs feeling strange

O/ declines to sit -
EHL 5/5 Dorsiflex (R) & (L) 5/5
SLR + (L) @ 20°
I explained - most disc radiculopathy resolves without surgery
A/ (L) lumbar radiculopathy

PTEd: walk AM ...
P/ Hand meds -
Continue as is -
Follow up 6w IC

[signature]

H. BEAM, MD
FCI McKEAN

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NSN 7540-00-634-4176

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/6/02 1500	Admits on my way to camp I saw I/m walking briskly on the track with fluid gait, he said he feel much better, no worse I BBeam H. BEAM, MD FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT FCI McKean

SENSITIVE
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SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. 10272-053 | WARD NO.

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Administrative Remedy No. 275494-A1
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal in which you state that the consulting orthopedic surgeon recommended surgery for your herniated lumbar disc and there has been no treatment authorized or pursued. You request that the "recommended and required" surgery be "accomplished as soon as possible. (IMMEDIATELY)."

Review of your medical record and discussion with FCI McKean staff reveals a history of lumbar disc herniation at L4-5. The consulting orthopedic surgeon wrote a recommendation for a referral for possible L4-5 laminectomy. Based upon your clinical assessment and physical activity levels, the decision has been made to monitor your status. Surgery is often perceived as a "cure all" for low back pain, when in fact the symptoms may or may not be relieved. Therefore, surgical intervention should be used judiciously as opposed to routinely. Your physician will continue to monitor your neurological status, activity levels, range of motion, and muscle tone. Your treatment plan will be developed based upon these clinical findings.

This response has been provided for informational purposes only.

December 18, 2002
Date

Kathleen Smallwood
Harrell Watts, Administrator
National Inmate Appeals

L. Beam-
R. Menna-
Dr. Olsen-/In response to B.P. 11 reply: 12/23/02

Contrary to your written assessment ... My medical history included an injury and subsequent surgery at L5-S1 (... as noted in all previous documentation.) My Pain ... (as noted in all previous documentation) is not low back pain"... it is sciatic pain from my hips to my feet and a direct result of the injury incurred on March 21st, 2002. My MRI of August 28st 2002 revealed a "Large acute Herniation" at L4-L5... and documented "post operative changes at L5-S1." It has been over Nine months since my injury- and the pains are constant and indicative of nerve root impingement. I do not have "chronic back pain" or "low back pain"... I have Nerve impinged pain from my hips through my feet. This is confirmed by an MRI & it's report.

As in 1999... referring to my injury and subsequent surgery ... Surgery alleviated the pain, and prevented further nerve damage.

To leave this untreated is unconscienable ... It has not improved over the last nine months... and continued delay will be considered a DENIAL of proper medical treatment. I'm in pain everyday, all day ... and still cannot sit without heightened pain. The pain radiates down my legs and into my feet. I do not have "low back pain". I cannot lead foward without shooting pains radiating down my legs ... the left more painful than the right. This has been accompanied by numbness... tingling and

other "sensations".

What do you percieve your "monitoring" will reveal?? I'm really curious.

The MRI revealed what I had voiced as my biggest concern for nearly 5 months... My Disc at L4-L5 is herniated... not mildly bulging... But ruptured in the Full medical Sense of the word. H.N.P. = Herniated Nucleus Pulpow -

This herniation (you reviewed the report 8.28.02) as noted in the report affects the left side. It has been 9 months... and is unchanged, giving me pain throughout my left hip through my foot every day. What is unclear or in need of monitoring??

In the same report... You will again note the L5-S1 post operative changes... AND The NEW H.N.P. at L4-L5. Ive had no history of Lumbar Disc Herniation at L4-L5.

This injury occured March 21st, 2002 while On my Prison work detail. That is also documented.

This injury is confirmed... and has been left as an untreated Spinal injury.

These facts are undisputable... And Now (Again) I make them clear to you for the record.

Copies of this along with all relavent documentation has been fowarded to my Lawyer.

Have a Nice Holiday

Timothy M Coleman

10277055

0048

12/24/02 — Seen in HU c̄ L4-5 HNP

~~1000~~ 0930 — S) walking / madly
down + understand why no surgery
"I haven't sat down in months —
hurts

O) noted only low back
refuses to sit down
bends forward 20° before
pain limits —
EHL 5/5 Bilaterally
plantarflexion @ fully
(R plantarflexion absent - old injury)

HBeam 12/24/02 @ 1000

A) Stable c̄ lumbar radiculopathy

P) recheck @ chronic care clinic HTN
PT ed! walk am AP
Continue ASA (has)

HBe

H. BEAM, MD
FCI MCKEAN

SENSITIVE
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NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	CAMP CLINIC HTN - LBP - L4-5 herniated Disc
1/8/03 1110	S/ 40 y/o no st HTN - some day painful. other day - is short down (L) leg. usually down. sharp pain Through (L) groin
	O) looks uncomfortable declines to sit. EHL 5/5 SLR can't test plantar flex. (L) 5/5 (R) old fx '99 3/5
	A) HTN controlled HNP L45 (L) side
	P) EC ASA 1 gr † po Q6h #30 RF5. Hydrochlorothiazide 25 mg † po QD #30 RF2 Atenolol 25 mg † po QD #30 RF2 Check back 3 mo PT Ed! diet, exercise

Right column notes: WGT 181 BP 130/68 P70 hammaker Wallis I'h per day; muscle tone (L) calf good - (R) calf atrophy since 1999

Violette Geza, PharmD, RPh Chief Pharmacist 1/9/03 [signature]

[signature] M. BEAM MD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI MCKEAN
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

SENSITIVE Limited Official Use

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. 10272-055

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)

FCI McKean
Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS
You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Timothy Coolcen
(Nombre)
2. Reg. Number: 10272055 Unit F
(Numero de Registro)
3. Date: 1/21/03
(Fecha)
4. Housing unit and Unit Team: F TEAM: A B C D
(unidad y equipo de la unidad)
5. Complaint, What is your problem?
(Queja). (Cual es su problema?)
I need to See Dr. Saurez concerning my continued pain in both legs and feet as related to my untreated Herniated lumbar disc@ L4-L5.
6. How long have you had this problem?
(Durante cuante tiempo ha ~~tenido~~ este problema?)
Days ____ Months 10+ Years ____
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes ____ No X
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescipcion en la Comisaria?)
Yes ____ No X
9. Signature Timothy M Coolcen.
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

SENSITIVE
Limited Official Use

10. Date seen: ____
11. Time seen: ____
12. Subjective: ____
13. Objective: Temp: ____ Pulse ____ Respirations ____ B/P ____
14. Appointment Date: ____ Appointment Time ____
15. Triage Personnel's Signature: ____

Lance Keegan This